PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90147 033 ***150.00

DOCUMENT # P97000046610

1. Corporation Name

CITY-ST-ZIP

BOYNE SOUTH DEVELOPMENT CORPORATION

Principal Place of Business			Mailing Address					., .,	,		
18100 ROYAL TREE PARKWAY		18100 ROYAL TREE PARKWAY									
NAPLES FL 34114		NAPLES FL 34114					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							05/15/1997			ì	
2 Principal D	lace of Business	2a.	Mailing Address				4. FEI Number		App	lied For	
_ '	lace of business	26	maining / todiose				59-3447469	<u> </u>		Applicable	
Suite, Apt.	# etc	- 201	Suite, Apt. #, etc.					\$8		ditional	
22	, 5.6.	27	, , , , , , , , , , , , , , , , , , , ,				5. Certifcate of Status Desired	F	ee Req	uired	
City & State		 ,	City & State				6. Election Campaign Financing	\$5	5.00 M	May Be	
23		28	•				Trust Fund Contribution		dded to		
Zip	Country	1	Zip	Cou	ntry		8. This corporation owes the current year	ntangible)		
24	25	29	[30			Personal Property Tax.	☐ Ye		JNo	
	9. Name and Address of Current	Regist	tered Agent				10. Name and Address of New Registere	d Agent			
					81	Name					
	NGE, AMY			ŀ	82	Street Ad	tdress (P.O. Box Number is Not Acceptable)				
18100 ROYAL TREE PARKWAY						Oli eci / ic	aribbb (1.10) Box (talliper to view, teospheric)				
NAP	LES FL 34114			-	83					1	
				-	-		7	. 85	Zip Co		
	•		•	ļ	84	City	F		Zip Ci		
agent. I a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen	ions of,	Section 607.0505, Flor	nda Statu	ites.		ation's board of directors. I hereby accept the appulation between the appulation board of directors. I hereby accept the appulation between the appulation be				
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOF	RS IN 12	
TITLE	D		☐ DELETE	1.1 111	LE.			☐ Cr	nange	☐ Addition	
NAME	PRANGE, AMY			1.2 NA	ME						
STREET ADDRESS	18100 ROYAL TREE PARKWAY			1.3 ST	REET	T ADDRESS					
CITY-ST-ZIP	NAPLES FL 34114			1.4 CII	TY-\$1	T-ZIP					
TITLE	D		☐ DELETE	2.1 TIT				□ Ct	nange	☐ Addition	
NAME	KIRCHER, STEPHEN			2.2 NA	ME	-				-	
STREET ADDRESS	BOYNE MOUNTAIN ROAD			2.3 ST	REET	TADDRESS				ĺ	
CITY-ST-ZIP	BOYNE FALLS MI 49713			2. 4 CI	TY-S	ST-ZIP					
TITLE	BOTTAL TYREES IN 107 TO		☐ DELETE	3.1 TIT		/ = 		□ Ci	nange	Addition	
NAME				3.2 NA	ME						
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. CI							
TITLE			☐ DELETE	4.1 TIT				C	nange	Addition	
NAME				4. 2 N/	AME	ĺ					
STREET ADDRESS				4.3 ST	REET	TADDRESS	·				
				4.4 CF		L				ĺ	
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TII			·		hange	Addition	
NAME -				5.2 NA						}	
STREET ADDRESS		~		5.3 ST	 REET	T ADDRESS			٠.	-	
CITY-ST-ZIP	}			5.4 CI							
TITLE			☐ DELETE	6.1 TII	ΠE	-			hange	Addition	
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET	T ADDRESS				1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corpolation of the repeiver of tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

16.4 CITY-ST-ZIP

SIGNATURE